



**IDAHO TIME SENSITIVE  
EMERGENCY SYSTEM**  
TRAUMA | STROKE | STEMI

# Level II Stroke Center

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2020 Renewal Application – State Verification



IDAHO DEPARTMENT OF  
**HEALTH & WELFARE**

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# About the Idaho TSE System

## **Why a TSE program?**

The 2014, Idaho Legislature approved and funded a plan to develop a statewide Time Sensitive Emergency (TSE) system of care that addresses three of the top five causes of deaths in Idaho: trauma, stroke, and heart attack (a.k.a. STEMI). Studies show that organized systems of care improve patient outcomes, reduce the frequency of preventable death, and improve the quality of life of the patient.

## **How does the TSE program work?**

The Idaho Department of Health & Welfare provides oversight and administrative support for the day-to-day operation of the program.

A governor-appointed TSE Council made up of healthcare providers and administrators and EMS agencies representing both urban and rural populations is responsible for establishing Rules and Standards for the Idaho TSE System. The Council is the statewide governing authority of the system.

The state has been divided into six regions. Each of these has a TSE Regional Committee made of EMS providers, healthcare providers and administrators, and public health agencies. The regional committees will be the venue in which a wide variety of work is conducted such as education, technical assistance, coordination, and quality improvement. The TSE Regional Committees will have the ability to establish guidelines that best serve their specific community as well as providing a feedback loop for EMS and healthcare providers.

## **What guiding principles are the foundation of the Idaho TSE System?**

- Apply nationally accepted evidence-based practices to time sensitive emergencies;
- Ensure that standards are adaptable to all facilities wanting to participate;

- Ensure that designated centers institute a practiced, systematic approach to time sensitive emergencies;
- Reduce morbidity and mortality from time sensitive emergencies;
- Design an inclusive system for time sensitive emergencies;
- Participation is voluntary; and
- Data are collected and analyzed to measure the effectiveness of the system.

### **How often is a center verified, and how much does it cost?**

A center is verified every three years and an onsite survey is required for every verification process. The onsite survey fee is \$1,500 and must be submitted with the application. Once the center is designated, the designation fee can be paid in three annual payments of \$500.

### **Whom do I contact about the application process?**

#### **Idaho Time Sensitive Emergency Program**

P.O. Box 83720

Boise, ID 83720-0036

[tse@dhw.idaho.gov](mailto:tse@dhw.idaho.gov)

<https://tse.idaho.gov>

#### **Program Manager** Melissa Ball

[Melissa.Ball@dhw.idaho.gov](mailto:Melissa.Ball@dhw.idaho.gov)

(208) 334-2124

#### **Program Specialist** Maegan Kautz

[Maegan.Kautz@dhw.idaho.gov](mailto:Maegan.Kautz@dhw.idaho.gov)

(208) 334-4904

Please do not hesitate to contact us with any questions or concerns. We would be happy to help in any way we can to assist you in meeting these standards.

# Application Process

## State Verification

To apply for a designation as a Level III Stroke Center in Idaho **using the State of Idaho for verification**, please do the following:

1. Print and complete the application. Submit one application per facility. A completed application includes:
  - a. Facility and Personnel Profile;
  - b. Certification Statement;
  - c. Pre-Survey Questionnaire (PSQ); and
  - d. Required attachments.
2. Obtain the required signatures on the Certification Statement.
3. Use the current edition of the TSE Standards Manual as a reference to understand the designation criteria.
4. Put the application in a binder with labeled, tabbed dividers between each section: Profile, Certification Statement, and verification letter.
5. Mail the completed application and onsite site survey fee (\$1,500) to:

[Make checks payable to Bureau of EMS & Preparedness](#)

Bureau of EMS & Preparedness  
Time Sensitive Emergency Program  
P.O. Box 83720  
Boise, ID 83720-0036

Or for FedEx, UPS, etc.  
2224 E. Old Penitentiary Rd.  
Boise, ID 83712

The TSE Program staff will notify you within 10 business days to confirm the receipt of the application and check.

# Application

Answer every question (circle either yes or no) and label all attachments. If you require additional space, please include a separate sheet. Once completed, print and sign the application (i.e. Certification Statement). Please contact the TSE Program staff if you have any questions or concerns regarding your application (208) 334-2124.

## Personnel Profile:

Facility Name:		
Mailing Address:	City:	Zip:
Physical Address:	City:	Zip:
Phone:	County:	
Application Contact:		
Phone:	Email:	

Hospital Administrator/CEO:	
Phone:	Email:
Stroke Program Manager	
Phone:	Email:
Stroke Medical Director	
Phone:	Email:

## Facility Profile:

Number of ED Beds:

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Number of ED Beds Designated for Critical Patients (Trauma, Stroke, STEMI):

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Number of Inpatient ICU Beds:

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Annual ED Volume:

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Annual Stroke Volume:

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Local Population Size the Facility Supports:

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Name of Nearest Tertiary Facility:

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Number of Miles and Approx. Time by Ground:

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## CERTIFICATION STATEMENT

I, \_\_\_\_\_ (CEO/COO), on behalf of \_\_\_\_\_ (facility), voluntarily agree to participate in the Idaho Time Sensitive Emergency System and Idaho TSE Registry as an Level II Stroke Center. The hospital administration and medical staff are in full support of the center's stroke program. We will work with Emergency Medical Services (EMS) and other facilities in our area to streamline triage and transport of stroke patients and participate in our Regional Time Sensitive Emergency Committee.

We attest that the facility has sufficient infrastructure, staff, equipment, and support to the stroke program to provide adequate provision of care. There is 24/7 coverage in the ED, ICU, and stroke unit by physicians and personnel trained in diagnosing and treating acute stroke. Qualified staff to perform laboratory testing and medical management (e.g. pharmacists) including FDA-approved IV thrombolytic therapy are available 24/7. EKG, x-ray, and CT are available 24/7. The center has the ability to perform intracranial and extracranial vascular imaging. Ancillary services such as physical therapy, occupational therapy, and speech therapy are also available.

The facility has written agreements with at least one Level I Stroke Center that includes communication and feedback requirements. The stroke program identifies clinical practice guidelines used to facilitate evidence-based clinical care and program has an organized process, or a designated response team, for rapid evaluation and treatment of inpatients that develop stroke symptoms. We use NIH Stroke Score in the emergency department (ED) and inpatient setting to quantify neurological deficits.

The facility coordinates with the local EMS agencies on stroke care, transport policies and procedures, system activation, training, data collection, and performance improvement. We have policy to notify EMS when on divert. The facility meets all requirements in the current edition of the TSE Standards Manual for a Level II Stroke Center designation. We will notify the Time Sensitive Emergency Program Manager immediately if we are unable to provide the level of stroke service we have committed to in this application.

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Chair, Governing Entity

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Date



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Chief Executive Officer

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Date

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Stroke Medical Director

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Date

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Stroke Program Manager

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Date

## Stroke Leadership

### **Stroke Medical Director**

Attach a copy of the Stroke Medical Director's job description. (neurosurgeon or neurologist, preferred but not required. This person may oversee more than one stroke center's program within the hospital system as long as the director is involved in decision making at each hospital).

*Stroke Medical Director's Job Description (attachment)*

*Stroke Medical Director's CV (attachment)*

### **Stroke Care Coordinator**

Attach a copy of the Stroke Coordinator's job description. Must be a registered nurse with 8 hours of annual continuing education in stroke care.

*Stroke Coordinator's CV (attachment)*

*Stroke Coordinator's Job Description (attachment)*

### **Stroke Leadership Team**

A defined stroke leadership team that consists, at minimum the team consists of a physician and a registered nurse. All members of stroke leadership team must have 8 hours of annual education on stroke diagnosis and treatment.

Attach supporting documentation (i.e. charter, scope, etc.).

*Stroke Leadership Team, Responsibilities and Education (attachment)*

## Personnel

A neurologist or physician experienced in cerebrovascular care available is available 24/7 on-site or via telemedicine or telephone consult within 20 minutes of patient's arrival with an 80% achievement rate.

Provide the following data points for the last 3 months.

*Data point: Percentage of neurologist or physician experienced in cerebrovascular care response time less than 20 minutes. \_\_\_\_\_*

*Data point: Average of neurologist or physician experienced in cerebrovascular care response time less than 20 minutes. \_\_\_\_\_*

## Training and Education

All center staff, not just clinical staff, must complete annual education on signs and symptoms of stroke and the process to activate the stroke team.

Attach supporting documentation.

*All Center Staff Stroke Education (attachment)*

Stroke unit's clinical staff demonstrate evidence of initial and ongoing training in the care of acute stroke patients.

Stroke units may be defined and implemented in a variety of ways. The stroke unit does not have to be specific enclosed area, but must be specified unit to which most stroke patients are admitted.

Attach supporting documentation.

*Stroke Unit Staff Education (attachment)*

## Stroke Services

CT or MRI performed within 25 minutes of patient's arrival with an 80% achievement rate.

This does not include transfer patients with appropriate imaging already completed.

Provide the following data points for the last 3 months.

*Data point: Percentage of CT or MRI obtained within 25 minutes of patient's arrival.*

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Staff on-site or via telemedicine to read and report CT/MRI results within 45 minutes of patient's arrival 24/7 with an 80% achievement rate.

This does not include transfer patients with appropriate imaging already completed.

Provide the following data points for the last 3 months.

*Data point: Percentage of CT or MRI read within 45 minutes of patient's arrival.*

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Laboratory or point-of-care testing 24/7 with results for CBC and INR in 45 minutes or less from patient arrival with an 80% achievement rate.

Lab tests required are CBC and coagulation.

Provide the following data points for the last 3 months.

*Data point: Percentage of laboratory results less than 45 minutes. \_\_\_\_\_*

Attach a current copy for the following protocols:

*Stroke team activation process*

*Initial diagnostic tests*

*Administration of medication*

*Swallowing assessment prior to oral intake*

Transfer protocols include criteria specific to transferring stroke patients including hemorrhagic stroke patients, stroke patients outside of the IV t-PA treatment window, etc.

Attach supporting documentation.

*Stroke Transfer Protocol (attachment)*

Door-in-door-out times for patients transferred for endovascular therapy and hemorrhagic strokes are collected.

Provide the following data points for the last 3 months.

*Data point: Median of door in door out time. \_\_\_\_\_*

If the center performs mechanical thrombectomy, data on the following items must be collected and reported.

- a. *Time from arrival at interventional hospital to groin puncture. Provide data point. \_\_\_\_\_*
- b. *Symptomatic intracranial hemorrhage within 36 hours of the procedure. Provide data point. \_\_\_\_\_*
- c. *Mortality within 72 hours of the procedure (all cause). Provide data point. \_\_\_\_\_*

Benchmark of door-to-needle time in less than 60 minutes with a 75% achievement rate.

Provide the following data points for the last 3 months.

*Data point: Percentage of door-to-needle time less than 60 minutes.* \_\_\_\_\_

*Data point: Average of door-to-needle time.* \_\_\_\_\_

### Patient Education and Community Outreach

Annual public education on stroke-related topics such as prevention, risk factors, signs & symptoms, and the importance of getting treatment right away and calling 911.

Attach supporting documentation.

*Stroke Public Education (attachment)*

Stroke education to stroke patients and their caregivers is provided.

Attach supporting documentation.

*Stroke Patient Education (attachment)*

### Performance Improvement (PI)

The PI program must ensure optimal care and continuous improvement of care. It must be clearly defined and include the following:

- A reliable method of internal data collection that consistently gathers valid and objective information necessary to analyze and identify opportunities for improvement.
- Review of system and process issues, clinical care issues, all admissions, and transfers decisions to a higher level of care are reviewed to determine rational, adverse outcomes, and opportunities for improvement.
- Use of current clinical practice guidelines, protocols, and algorithms derived from evidence-based resources to achieve benchmark goals.
- Documentation of all process and outcome measures including loop closure annually.

- Meets at regular intervals to meet the needs of the program.
- Ability to identify the stroke patient and use audit filters to review and improve patient care.
- If available, evaluation of surgeon/interventionalist response time and interventional suite availability and delays. Corrective actions must be documented.
- Have a policy to notify dispatch and EMS agencies when on divert status

Attach a copy of your PI documentation.

*Performance Improvement Plan (attachment)*

### TSE Registry

Participation in the Idaho TSE Registry is required with at least 80% of cases entered within 180 days of treatment. Please contact the TSE Registry for a letter verifying the facility is compliant.

Attach a copy of your Idaho TSE Registry compliance letter.

*Idaho TSE Registry Letter (attachment)*